FILED
Apr 15, 2005 8:00 am
Secretary of State
04-15-2005 90241 001 ***900.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000039552

1. Entity Name
CHAKRAS, INC.

Principal Place of Business	Mailing Address
c/o Jose A. Rodriguez, Esq.	c/o Jose A. Rodriguez, Esq.
2. Principal Place of Business: 100 SE 2nd Street	3. Mailing Address: 100 SE 2nd Street
Suite, Apt. #, etc.: Suite 2900	Suite, Apt. #, etc.: Suite 2900
City & State: Miami, FL	City & State: Miami, FL
Zip: 33131 / Country: US	Zip: 33131 / Country: US

66010260

DO NOT WRITE IN THIS SPACE

4. FEI Number: 20-0585758 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and address of New Registered Agent
	Name: Jose A. Rodriguez, Esq.
	Street Address (P.O. Box Number is Not Acceptable): 100 S.E. Second Street
	Suite 2900
	City: Miami FL Zip: 33131

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ 4/11/05
Signature Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $150.00
DUE BY MAY 1, 2005

Make Check Payable to
Florida Department of State

9. MANAGING MEMBERS/ MEMBERS		10. ADDITIONS/ CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS ☐ Delete Moyano, Francisco J 150 Alhambra Circle, Suite 1270 Coral Gables, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS ☒ Change ☐ Addition Moyano, Francisco J 100 SE 2nd Street, Suite 2900 Miami, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT ☐ Delete Remonda, Celia Maria 150 Alhambra Circle, Suite 1270 Coral Gables, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT ☒ Change ☐ Addition Remonda, Celia Maria 100 SE 2nd Street, Suite 2900 Miami, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ☐ Delete Miguel Remonda, Carolina De 150 Alhambra Circle, Suite 1270 Coral Gables, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ☒ Change ☐ Addition De Miguel Remonda, Carolina 100 SE 2nd Street, Suite 2900 Miami, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ☐ Delete Miguel Remonda, Mariana De 150 Alhambra Circle, Suite 1270 Coral Gables, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ☒ Change ☐ Addition De Miguel Remonda, Mariana 100 SE 2nd Street, Suite 2900 Miami, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE _____ 4.11.05 305.423.3426
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #